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PLACETOF BIRTH	·	ARIZOI BUREAU OF	NA ST	ATE BOA		EALTH
Town of City of	e.	GINAL CE	RTIFICA	TE OF B IRTI	H Co. Registra	r's No. 54
FULL NAME OF CHILD	Planer	Mary eport on blank	Ara obtainable	sh from local regist	(Ti	(
Sex of Twin, Triplet or other	and	Number in order of birth	<i>,</i> 1	birth .	File - 5 onth Day	19 %/ Yr.
Residence Clay for or Race White Birthplace Occupation Name John January Residence Clay for Congression Residence Clay for	Lary Age at last Birthday	26 Years	Color or Race Birthpla	Hazel Clayb Thick of Merica on Cal	THER LONOV Solution Age at last Birthday	J3 Years
Number of child of this Nother	Number of Children, of	this mother, now living		Were precautions taken as	gainst Ophthalmia neonatorus	· Teo
I hereby certify that I attend *When there is no attent	ed the birth of th	ie above child;	and that it	occurred on FL	6-0-1981, rught	<i>></i>
578-205	191 _F	iled Mack	1971	B.M.	LOGAL REG	ISTRAR.
	Town of City of Child is not named, make it Child Fuel or other Full FATHE Name Coupled or Other Color White Color C	District of Child Control Oricity of City of Control Oricity of City o	County of July ORIGINAL CE District of July ORIGINAL CE Town of No. FULL NAME OF CHILD July Name Thiplet of Child is not named, make Supplemental Report on blank Sex of Twin, Triplet or other in order of birth FATHER Residence Clay Food Articles Age at last 2 Description Age at last 3 Description Age at last 4 Descr	District of Child Certifica Original Certifica Town of City of (No. 1976) FULL NAME OF CHILD Flaur Mary Arabit of thild is not named, make Supplemental Report on blank obtainable Sex of Triplet or other and in order of birth mark of birth of birth of the above child; and that it when there is no attending physician or midwife. then the householder should make this return. Given or Christian name added from a upplemental report 191. Filed March 1921.	District of City of ORIGINAL CERTIFICATE OF BIRTICATE OF CITY OF CI	County of July ORIGINAL CERTIFICATE OF BIRTH Co. Registra City of Local Registra Coty of City of Consequence Color of Child Full Original Report on blank obtainable from local registrar. Alive Sex of Thirty or other or other of of birth or other of other or other of other or other of the Birthday Day Mandel M